

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10084570

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	1					
11	2					
12	2					
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TOTAL IND.			4			
TOTAL DEP.			26			
TOTAL CLAIMS			30			

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TOTAL DEP.			
TOTAL CLAIMS			

BEST AVAILABLE COPY